Attorney	Docket	Number:

111039.00216

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AVI FOR EXPEDITED ORDERING AND FULFILLMENT

MITTOR DAM LIBITION	JIDDENIA O ZENDI CEL				
the specification of which					
is attached hereto					
□ was filed on	as United States Application Number or PCT International				
Application Number ar		nd (if applicable) was amended on			
as amended by any amendment acknowledge the duty to discuss I hereby claim foreign priority inventor's certificate, or §3650 United States, listed below a	ewed and understand the co ent referred to above. close information which is m benefits under 35 U.S.C. § (a) of any PCT International and have also identified be	ateria 119(a applic	igned to this application. s of the above-identified specificatio I to patentability as defined in 37 CF)-(d) or § 365(b) of any foreign appeation which designated at least one y checking the box, any foreign application date before that of the application	R §1.56. lication(s) for patent or country other than the oplication for patent or	
PRIOR FOREIG	N/PCT APPLICATION(S) A	ND A	NY PRIORITY CLAIMS UNDER 35	USC §119	
APPLICATION NO.	COUNTRY		DAY/MONTH/YEAR FILED	PRIORITY CLAIMED	
I hereby claim the benefit und	ler 35 U.S.C. §119(e) of any	Unite	d States provisional application(s) lis	sted below.	
10. Total	PROVISIONAL APPLICAT	ION(S	S) UNDER 35 U.S.C. §119(e)		
APPLICATION NUMBER			FILING DATE		
(can van)					
application designating the Lapplication is not disclosed in paragraph of 35 U.S.C. §112. I acknowledge the duty to designation of the second	United States, listed below an the prior United States or disclose information which	and, ii PCT I is ma	d States application, or §365(c) of a nsofar as the subject matter of eac nternational application in the mann terial to patentability as defined in on and the national or PCT Interna	h of the claims of this er provided by the first 37 CFR §1.56 which	
• •	RNATIONAL APPLICATION	(S) D	ESIGNATED FOR BENEFIT UNDE	R 35 U.S.C. §120	
APPLICATION NO.	FILING DATE	STATUS — PATENTED, PENDING, ABANDONED			
I hereby appoint the following	a attornev(s) and/or agent(s)	to pr	osecute this application and to trans	act all business in the	

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith: Herbert Cohen, Reg. No. 25,109; Victor M. Wigman, Reg. No. 25,201; George C. Myers, Jr., Reg. No. 27,040; Donald R. Greene, Reg. No. 22,470; Michael C. Greenbaum, Reg. No. 28,419; Charles R. Wolfe, Jr., Reg No. 28,680; Michael D. White, Reg. No. 32,795; David J. Edmondson, Reg. No. 35,126; Denise C. Lane, Reg. No. 42,780; Peter Weissman, Reg. No. 40,220; and Rafael Perez, Reg. No. 46,041.

🗼 🚣 . Correspondence Address:

BLANK ROME COMISKY & MCCAULEY, LLP

The Farragut Building Suite 1000 900 17th Street, NW Washington, DC 20006 TEL (202) 530-7400 FAX (202) 463-6915

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of sole or first inventor (given name, family name)				
Kelly Gravelle				
Signature	Date			
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Post Office Address				
Fill Name of additional joint inventor (given name, family name)				
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Full Name of additional joint inventor (given name, family name)				
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